

WAIVER FOR PRACTICAL EXAMINATION MODEL

(Please circle appropriate trade and PRINT required information)

Hairstylist, Esthetician, Nail Care Technician, Skin Care Technician or Electrologist

1. I, _____, understand that the Apprenticeship Branch of the Government of Manitoba requires those who wish to qualify for the Trade of _____ (the "Trade") to perform an examination by carrying out certain tasks on a live model. I wish to participate in the examination by acting as a volunteer model for the examination.
2. I agree to act as a model so that _____ (the "Examinee") can perform the qualifying Practical Examination on the _____ day of _____, 20____ at such a place as may be designated by the Apprenticeship Branch.
3. I declare that I am fully eighteen (18) years of age as of the date of this Practical Examination.
4. I declare that I am not a current or former hairstylist, esthetician, nail care technician, skin care technician or electrologist or student of these trades.
5. I acknowledge that this waiver overrides any other discussions or agreements between me and the Government of Manitoba, its employees, and the Examinee in respect to the Practical Examination and its results.
6. I acknowledge that the Examinee may not possess the necessary skill and techniques to perform the tasks and techniques that are required for the Practical Examination and is not a certified practitioner of the Trade.
7. I acknowledge that the results obtained from the efforts of the Examinee may be in no way satisfactory and that the results of the Examinee's efforts may depart totally from what is intended.
8. I acknowledge that there is an inherent risk involved in acting as a model for the Practical Examination and assume all risk and responsibility for the results of the acts performed by the Examinee and the costs of remedying any of the results.
9. I acknowledge that the Government of Manitoba, its employees, and the Examinee assume no responsibility or liability for any results of the acts performed by the Examinee.
10. I forever waive any legal right of action against the Government of Manitoba, its employees, and the Examinee.
11. I sign this waiver freely, without reservation, and free of any undue influence or duress. I have read this waiver carefully and I understand its consequences.

Signed: _____
(Written signature of model) (Date)

Witness: _____
(Written signature of witness) (Date)